



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

TRANSMITTAL OF QUARTERLY WAGES REPORTED ON MAGNETIC MEDIA

RETURN THIS FORM WITH MAGNETIC MEDIA AND QUARTERLY CONTRIBUTION REPORT WITH REMITTANCE TO: DIVISION OF EMPLOYMENT SECURITY ATTENTION: EMPLOYER ACCOUNTS UNIT/MAGNETIC MEDIA P.O. BOX 59, 421 E DUNKLIN STREET JEFFERSON CITY, MO 65104-0059 573-751-3422 This form can be found on the Division's website: www.mouitax.com		THE EXTERNAL LABEL ON MEDIA MUST INCLUDE: Account Number(s) Employer Name(s) Quarter/Year Record Length File Name						
1. Employer Name		2. Quarter	3. Year					
<table style="width: 100%; border: none;"><tr><td style="width: 15%;">4. Tape Format or Cartridge Format</td><td style="width: 25%;">Record Length <input type="checkbox"/> 72 <input type="checkbox"/> 275 (<i>ICESA format only</i>) <input type="checkbox"/> 512</td><td style="width: 25%;">Number of Tapes / Cartridges _____ _____ _____</td><td style="width: 20%;">Internal Label <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</td><td style="width: 15%;">Media Serial No. _____ _____ _____</td></tr></table>				4. Tape Format or Cartridge Format	Record Length <input type="checkbox"/> 72 <input type="checkbox"/> 275 (<i>ICESA format only</i>) <input type="checkbox"/> 512	Number of Tapes / Cartridges _____ _____ _____	Internal Label <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Media Serial No. _____ _____ _____
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6. Diskette Format		Record Length <input type="checkbox"/> 72 <input type="checkbox"/> 275 (<i>ICESA format only</i>) <input type="checkbox"/> 512 <input type="checkbox"/> Excel	Number of Diskettes _____ _____ _____					
		7. Total Number of Employers Reported						
		8. Total Number of Employees Reported						
Employer Summary Information								
9. Missouri Employer Account Number	10. Number of Employees Reported	11. Missouri Employer Account Number	12. Number of Employees Reported					
13. Mailing address for returning Magnetic Media Name: Address: City & State:								
Contact name (<i>Please print</i>)		Date						
Title		Phone Number						